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TO	Examiner Lori L. COLETTA
COMPANY	USPTO
FAX NUMBER	17033053597
FROM	Tracy Druce
DATE	2004-05-22 16:50:09 GMT
RE	Application No. 09/882,692 - AFTER FINAL RESPONSE

COVER MESSAGE

Dear Examiner,

Please review and enter the attached Response AFTER FINAL.
Please call me if you have any questions.

-Tracy W. Druce
Ph: 202.293.7333

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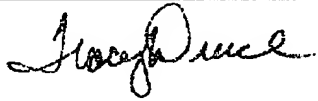
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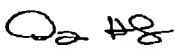
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/882,692	
	Filing Date	06/15/2001	
	First Named Inventor	CARLSSON	
	Group Art Unit	3612	
	Examiner Name	COLETTA, Lori L.	
Total Number of Pages in This Submission		Attorney Docket Number	07574.0066.PCUS00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Substitute Declaration/Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Please change the Attorney Docket No. on all future correspondence to 07574.0066.PCUS00.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NOVAK DRUCE, LLP Tracy W. Druce
	
Date	05/22/2004

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence and any correspondence referred to herein are being facsimile transmitted to Examiner Lori L. Coletta, USPTO, Art Unit 3612 at fax no. <u>703.305.3597</u> on <u>05/22/2004</u> .			
Typed or printed name	Daniel Hernandez		
Signature		Date	22 May 2004

Patent Application
Atty. Docket: 07574.0066.PCUS00

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
ANDERS, Carlsson *et al.*

Serial No.: 09/882,692

Confirmation No.: 1933

Filed: June 15, 2001

For: LOADING COMPARTMENT

Group Art Unit: 3612

Examiner: COLETTA, Lori L.

Atty. Dkt. No.: 07574.0066.PCUS00

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Daniel Hernandez

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. § 1.116

INTRODUCTORY COMMENTS:

The following is in response to the Office Action dated 12 November 2003.